

# EXHIBIT “G”



Corinne Kelly-Arceini, Deputy Chancellor  
Division of Students with Disabilities and English Language Learners

Committee on Special Education 7 (CSE 7)  
Amine G. Haddad, Chairperson  
ahaddad@schools.nyc.gov

CSE 7, Districts 20/21  
415 89<sup>th</sup> Street, Brooklyn, N.Y. 11209  
Tel. 718 759-4900/Fax 718 759-4970

CSE 7, District 31  
715 Ocean Terrace, S.I., N.Y. 10301  
Tel. 718 420-5700/Fax 718 420-5787

**Final Notice of Recommendation: Annual Review or Reevaluation**

Student Name: John

Date: 06-14-13

YC ID#: 223140872

DOB: 07

Home Address: [REDACTED]

CSE #: 31-66535

District: 31 School: SETON

Current Class/Program: \_\_\_\_\_

Dear Parent:

The IEP Team has conducted a meeting to discuss the educational needs of your child. You were invited to attend that meeting. As a result of the meeting, the IEP Team made the following final recommendation:

Classification: Autism

Program Recommendation: Special School

Related Service(s): OT PT SP CO

You have the right to visit this site. If you would like to arrange a site visit, please contact:

Site and Address: P373R @ P40 91 Henderson Avenue SI, NY 10301

718 816 8897

**Placement for 2013-2014 School Year**

**Contact Information**

Name: Marie Hull

Phone: (718) 420-5781

Address: 715 Ocean Terrace, Staten Island, NY 10301

If you agree to this recommendation and wish to have these services provided to your child, please sign the bottom of this form, keep a copy for your records and return to the contact information listed above. Additionally, if you want to discuss this decision or if you would like to arrange another meeting, please call or write the contact indicated above. You may invite other individuals who have knowledge or special expertise regarding your child. If you have a disability which requires special arrangements, or if you need a translator or interpreter for the deaf, please notify the contact person listed above.

If we do not hear from you within 10 days of the date of this letter, the recommended services will be put into effect. Only if you request another IEP Meeting, mediation, or impartial hearing, before this date, the recommended changes will not be put into effect and your child will continue to receive the services s/he is currently receiving until all appeal procedures have been completed.

If you do not agree with the recommendation you have the right to request mediation or an impartial hearing. Your request for mediation should be directed, in writing to the: Committee on Special Education Chairperson  
: 715 Ocean Terrace, Staten Island, NY 10301.

You may request an impartial hearing by writing to the New York City Department of Education, Impartial Hearing Office, 11 Livingston Street, Room 201, Brooklyn, New York 11201.

I agree with the recommended services.

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

For students who will be attending private or parochial school:

My child will enroll or continue to be enrolled at a private or parochial school at my expense. I agree to the Related Services and/or Special Education Teacher Support Services (SETSS) recommended on my child's IEP. I understand that the Department will be contacting my child's school to inform the school of the recommendation and to arrange for these services.

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

NYCID#: \_\_\_\_\_



**Department of  
Education**

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**SCHOOL LOCATION LETTER**

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Date: 05/30/2014

Student Name: John [REDACTED]

Local ID: 223140872

DOB: [REDACTED] 2007

Dear Parent/Guardian:

The services recommended on the Individualized Education Program developed at the IEP meeting held on 04/10/2014 will be provided at:

School: 75R373: P.S. R373

Address: 91 Henderson Avenue Staten Island,  
NY 10301

Telephone Number: 718-816-8897

Please let us know that John [REDACTED] will be attending this school by contacting:

Name: Catherine Ferrer at Phone: 718-420-5774.

Address: 715 Ocean Terrace Staten Island NY 10301

You may visit the recommended placement site. Please contact the above person for assistance in arranging this visit.

Mail to:

Rosalie [REDACTED]  
[REDACTED]



**Department of  
Education**

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**SCHOOL LOCATION LETTER**

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Date: 06/01/2015

Student Name: John [REDACTED]

Local ID: 223140872

DOB: [REDACTED] 2007

Dear Parent/Guardian:

The services recommended on the Individualized Education Program developed at the IEP meeting held on 05/20/2015 will be provided at:

School: 75R373: P.S. R373

Address: 91 Henderson Avenue Staten Island,  
NY 10301

Telephone  
Number: 718-816-8897

Please let us know that John [REDACTED] will be attending this school by contacting:

Name: Catherine Ferrer at Phone: 718-420-5774.

Address: 715 Ocean Terrace Staten Island NY 10301

You may visit the recommended placement site. Please contact the above person for assistance in arranging this visit.

Mail to:

Rosalie [REDACTED]  
[REDACTED]